

Life Insurance Enrollment Form Instructions

For persons enrolling within 31 days of employment or moving from Part Time to Full Time

FIRST SECTION

Employee Name - Enter the employee's name

Name of Employer - State of Iowa

Group Policy Number - 41626

Claim Branch - Use the appropriate branch code from the Prudential Life & LTD Branch Structure spreadsheet.

Employer's Address - Enter your address

Employee's Annual Salary - N/A

Social Security Number - Enter the employee's SSN

Date of Birth - Enter the employee's DOB

Date Employed - Enter the employment date

Marital Status - Enter the employee's marital status

SECOND SECTION

Type of Coverage - Always check the blocks for Basic Term Life (Non Contrib.) and Accidental Death & Dismemberment (Non Contrib.). ONLY check the Optional Term Life and Voluntary Accidental Death & Dismemberment blocks if the employee is requesting supplemental life insurance. DISREGARD THE BLOCK FOR DEPENDENT TERM LIFE.

Enter Amount – If the employee is enrolling within the first 31 days of employment or within the first 31 days after moving from part time to full time, enter the amount of basic life insurance coverage (\$10,000; \$20,000 for UE/IUP and SPOC) in the columns for BOTH Basic Term Life (Non Contrib) and Accidental Death & Dismemberment (Non Contrib.).

If the employee is requesting supplemental life insurance **WITHIN THE FIRST 31 DAYS**, enter \$5,000 in the columns for BOTH Optional Term Life and Optional Accidental Death & Dismemberment.

If the employee wants to enroll for any amount of basic or optional life coverage **AFTER THE FIRST 31** days, they will have to provide Evidence of Insurability to Prudential, and be approved for coverage by Prudential before the coverage can become effective.

Effective Date - This is the date insurance coverage will become effective. (The first of the month following 30 days of continuous employment).

THIRD SECTION - Disregard this portion of the form. Our plan does not provide for dependent coverage.

FOURTH SECTION

The employee should enter their beneficiary information.

FIFTH SECTION

The employee should check the first block, then sign and date the form.

Make two copies of the completed form – keep one for your files and give one to the employee. Send the original enrollment to DAS-HRE, Group Life Insurance (except for DOT and Community Based Corrections, who retain the original).

IMPORTANT: This information does not apply to employees of the University of Iowa, Iowa State University, University of Northern Iowa, Board of Regents, Iowa Braille and Sight Saving School, or School for the Deaf.